

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 20/527803											
1 Date of Request: _____		2 Serial/Patent # _____									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
		Filing			\$						
		Amendment			\$						
		Extension of Time			\$						
		Notice of Appeal/Appeal			\$						
		Petition			\$						
		Issue			\$						
		Cert of Correction/Terminal Disc.			\$						
		Maintenance			\$						
		Assignment			\$						
Other				\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
		Treasury Check									
10 REASON:		Credit Deposit A/C #:									
Overpayment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
Duplicate Payment											
No Fee Due (Explanation):											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: _____		<small>ADDITIONAL INFORMATION:</small> <small>DATE: 07/29/2005 OKIOWELL</small> <small>03/22/2005 SHAJAKRO 00000061 190134 10527803</small> <small>PHONE: 580.00 CR</small>									
SIGNATURE: _____											
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**